FluWatch

Public Health Agency of Canada | Agence de la santé publique du Canada

November 10 to 16, 2013 (Week 46)

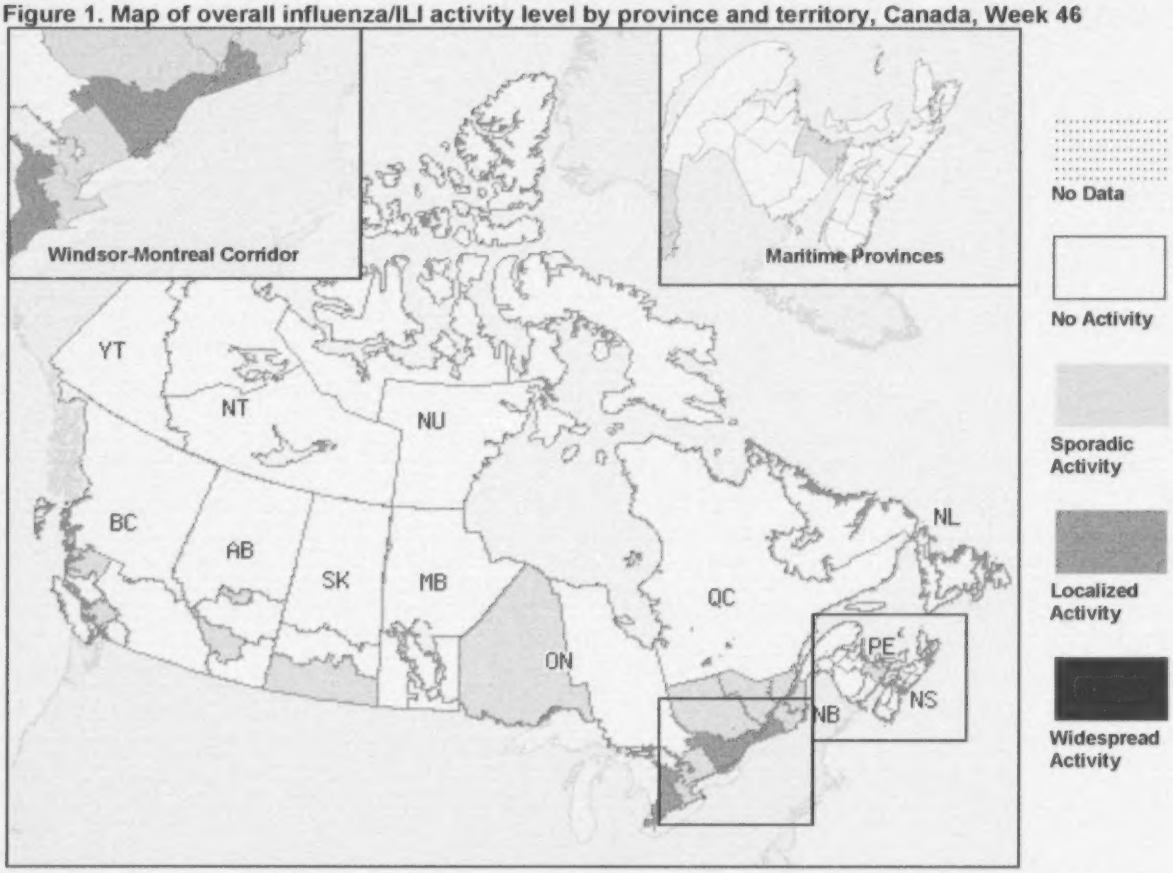
Overall Summary

- Influenza activity in Canada continued to increase for the fourth week in a row, indicating that the 2013-14 season has started.
- Laboratory detections of influenza continued to increase, primarily influenza A.
- Two influenza outbreaks in long-term care facilities were reported in week 46, and four regions reported localized influenza/ILI activity.
- Both paediatric and adult hospitalizations with influenza continued to be reported in week 46.
- The ILI consultation rate has been stable over the past four weeks.

Influenza/ILI Activity (geographic spread)

In week 46, three regions in ON(2) and QC(1) reported localized activity and 13 regions (in BC(1), AB(2), SK(1), ON(4), QC(4) and NB(1)) reported sporadic activity (Figure 1).

Figure 1. Map of overall influenza/ILI activity level by province and territory, Canada, Week 46

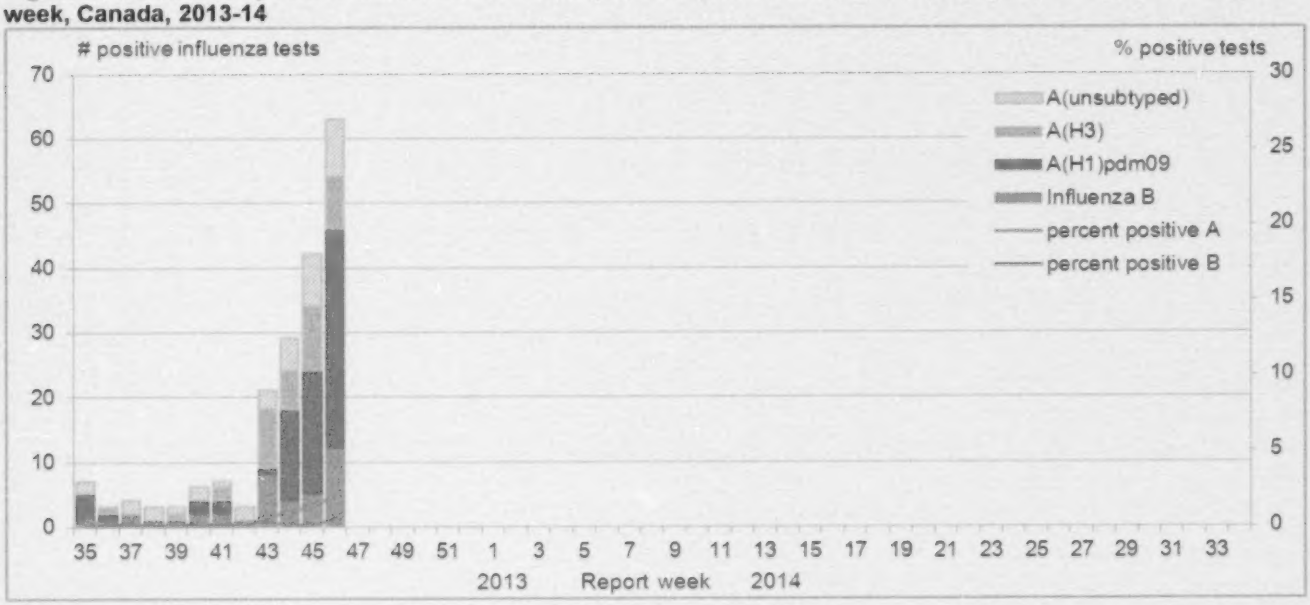


Note: Influenza/ILI activity levels, as represented on this map, are assigned and reported by Provincial and Territorial Ministries of Health, based on laboratory confirmations, sentinel ILI rates and reported outbreaks. Please refer to detailed definitions at the end of the report. Maps from previous weeks, including any retrospective updates, are available on the FluWatch website.

Influenza and Other Respiratory Virus Detections

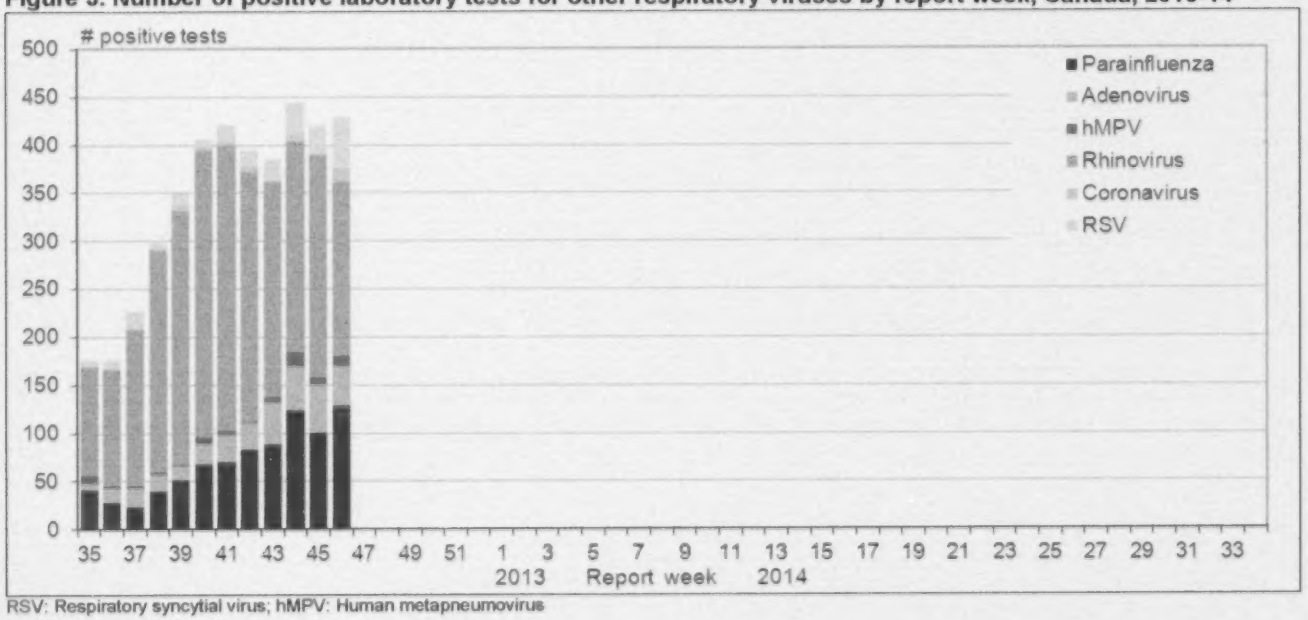
The number of positive influenza tests continued to increase, from 42 in week 45 to 63 in week 46, bringing the percentage of positive influenza tests to 2.6%, driven predominantly by detections of influenza A (Figure 2). Cumulative influenza virus detections by type/subtype to date have been predominantly influenza A (81%) with more A(H1N1)pdm09 identified compared to A(H3) among those subtyped (Table 1). Detailed information on age and type/subtype has been received for 156 cases to date this season. Adults 45-64 years of age represent 36% of cases to date (Table 2).

Figure 2. Number of positive influenza tests and percentage of tests positive, by type, subtype and report week, Canada, 2013-14



In week 46, the number of positive tests for parainfluenza and RSV continued their slow increase. Despite an increasing number of tests performed, positive tests for rhinovirus have declined over the past five weeks. Rhinovirus and parainfluenza remained the two predominant viruses detected in week 46 (Figure 3).
For more details, see the weekly Respiratory Virus Detections in Canada Report.

Figure 3. Number of positive laboratory tests for other respiratory viruses by report week, Canada, 2013-14



RSV: Respiratory syncytial virus; hMPV: Human metapneumovirus

Table 1. Weekly and cumulative numbers of positive influenza specimens by type, subtype and province, Canada, 2013-14

Reporting provinces[1]	Weekly (November 10 to November 16, 2013)					Cumulative (August 25, 2013 to November 16, 2013)				
	Influenza A				B	Influenza A				B
	A Total	A(H1)pdm09	A(H3)	A(UnS)	B Total	A Total	A(H1)pdm09	A(H3)	A(UnS)	B Total
BC	3	0	2	1	1	10	3	5	2	4
AB	18	17	1	0	0	48	40	8	0	12
SK	3	3	0	0	0	8	5	0	3	0
MB	1	1	0	0	0	4	4	0	0	1
ON	20	13	4	3	1	60	27	23	10	8
QC	5	0	0	5	10	21	0	0	21	12
NB	1	0	1	0	0	2	1	1	0	0
NS	0	0	0	0	0	0	0	0	0	0
PE	0	0	0	0	0	0	0	0	0	0
NL	0	0	0	0	0	1	0	0	1	0
Canada	**51**	**34**	**8**	**9**	**12**	**154**	**80**	**37**	**37**	**37**
Percentage[2]	81.0%	66.7%	15.7%	17.6%	19.0%	80.6%	51.9%	24.0%	24.0%	19.4%

Table 2. Weekly and cumulative numbers of positive influenza specimens by type, subtype and age-group reported through case-based laboratory reporting[3], Canada, 2013-14

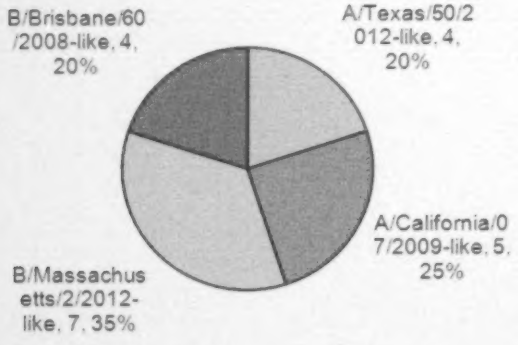
Age groups (years)	Weekly (November 10 to November 16, 2013)					Cumulative (August 25, 2013 to November 16, 2013)						
	Influenza A				B	Influenza A				B	Influenza A and B	
	A Total	A(H1) pdm09	A(H3)	A (UnS)	Total	A Total	A(H1) pdm09	A(H3)	A (UnS)	Total	#	%
<5	5	3	0	2	3	20	11	3	6	8	28	17.9%
5-19	7	7	0	0	1	14	10	1	3	4	18	11.5%
20-44	7	5	0	2	0	27	16	4	7	3	30	19.2%
45-64	10	7	2	1	2	47	25	14	8	9	56	35.9%
65+	5	1	0	4	2	16	5	4	7	8	24	15.4%
Unknown	0	0	0	0	0	0	0	0	0	0	0	0.0%
Total	34	23	2	9	8	124	67	26	31	32	156	100.0%
Percentage[2]	81.0%	67.6%	5.9%	26.5%	19.0%	79.5%	54.0%	21.0%	25.0%	20.5%		

[1] Specimens from NT, YT, and NU are sent to reference laboratories in other provinces. Cumulative data includes updates to previous weeks.
[2] Percentage of tests positive for sub-types of influenza A are a percentage of all influenza A detections.
[3] Table 2 includes specimens for which demographic information was reported. These represent a subset of all positive influenza cases reported.
UnS: unsubtyped: The specimen was typed as influenza A, but no result for subtyping was available.

Influenza Strain Characterizations

During the 2013-2014 influenza season, the National Microbiology Laboratory (NML) has antigenically characterized 20 influenza viruses [four A(H3N2), five A(H1N1)pdm09 and 11 influenza B]. Sixteen of the 20 viruses were similar to the strains recommended by the WHO for the 2013-14 seasonal influenza vaccine; four influenza B viruses were similar to the strain recommended by the WHO for the 2011-12 vaccine (Figure 4).

Figure 4. Influenza strain characterizations, Canada, 2013-14, N = 20



The NML receives a proportion of the number of influenza positive specimens from provincial laboratories for strain characterization and antiviral resistance testing. Characterization data reflect the results of haemagglutination inhibition (HAI) testing compared to the reference influenza strains recommended by WHO.

The recommended components for the 2013-2014 northern hemisphere trivalent influenza vaccine include: an A/California/7/2009 (H1N1)pdm09-like virus, an A(H3N2) virus antigenically like the cell-propagated prototype virus A/Victoria/361/2011b (e.g. A/Texas/50/2012), and a B/Massachusetts/2/2012-like virus (Yamagata lineage).

Antiviral Resistance

During the 2013-2014 influenza season, NML has tested 19 influenza viruses for resistance to oseltamivir and zanamivir, and all were sensitive. Eight influenza A viruses were tested for amantadine resistance, and all were resistant (Table 3).

Table 3. Antiviral resistance by influenza virus type and subtype, Canada, 2013-14

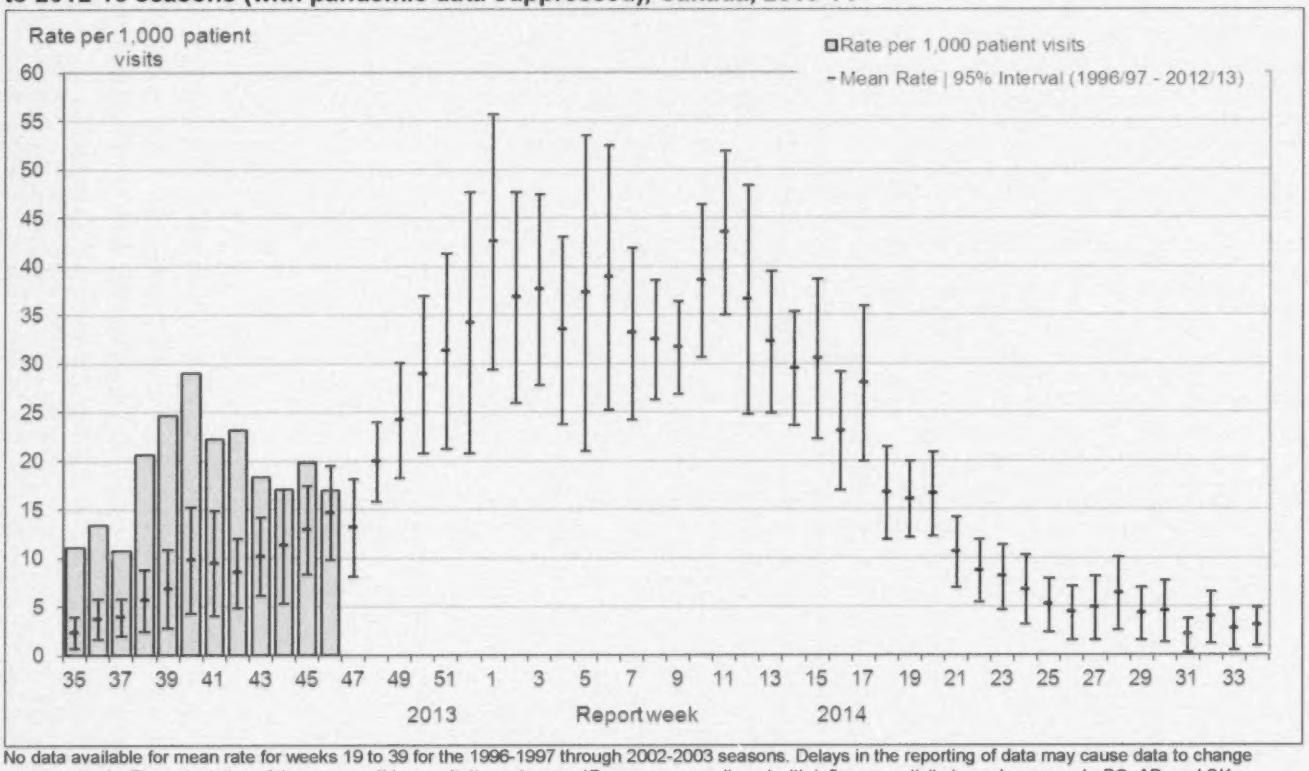
Virus type and subtype	Oseltamivir		Zanamivir		Amantadine	
	# tested	# resistant (%)	# tested	# resistant (%)	# tested	# resistant (%)
A (H3N2)	4	0	4	0	4	4 (100%)
A (H1N1)	5	0	5	0	4	4 (100%)
B	10	0	10	0	NA[1]	NA[1]
TOTAL	19	0	19	0	8	8 (100%)

[1] NA – not applicable

Influenza-like Illness Consultation Rate

The national influenza-like-illness (ILI) consultation rate decreased slightly from 19.9/1,000 in week 45 to 16.9/1,000 in week 46, but was similar to the previous three weeks (Figure 5).

Figure 5. Influenza-like-illness (ILI) consultation rates by report week, compared to the 1996-97 through to 2012-13 seasons (with pandemic data suppressed), Canada, 2013-14

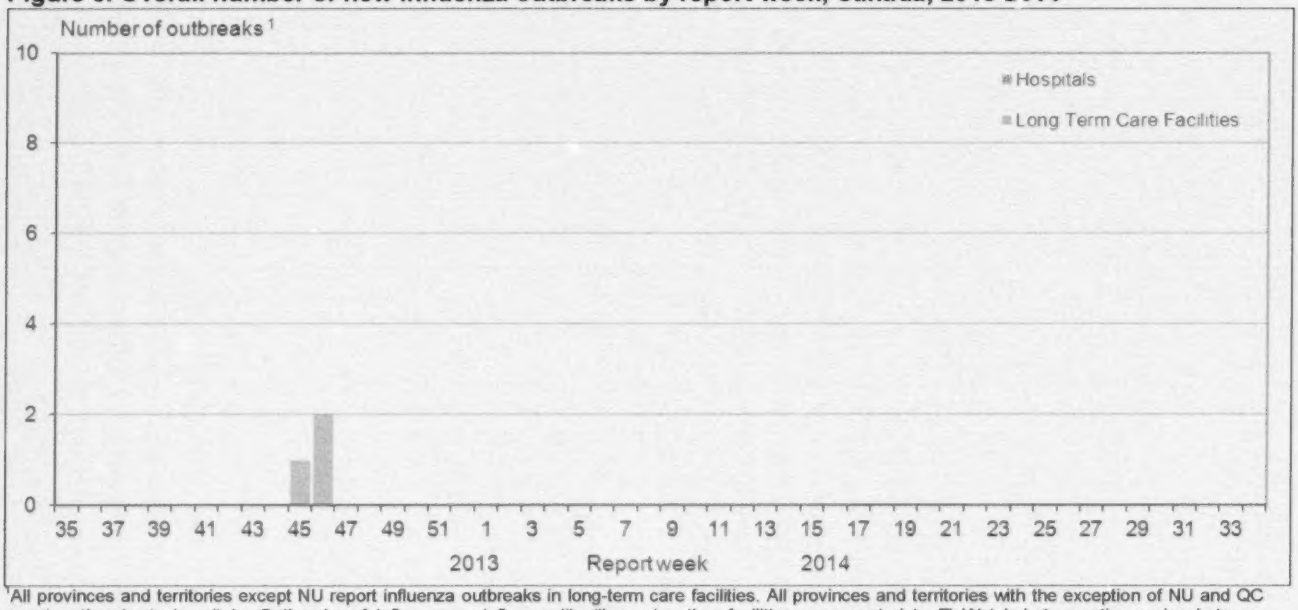


No data available for mean rate for weeks 19 to 39 for the 1996-1997 through 2002-2003 seasons. Delays in the reporting of data may cause data to change retrospectively. The calculation of the average ILI consultation rate over 17 seasons was aligned with influenza activity in each season. In BC, AB, and SK, data is compiled by a provincial sentinel surveillance program for reporting to FluWatch. The number of sentinel physicians in each province or territory is as follows: BC(21), AB(80), SK(11), MB(18), ON(169), QC(14), NB(29), NS(26), PE(4), NL(16), NU(1), NT(14), YT(13). Not all sentinel physicians report every week.

Influenza Outbreak Surveillance

Two new influenza outbreaks in long-term care facilities were reported in week 46 (Figure 6).

Figure 6. Overall number of new influenza outbreaks by report week, Canada, 2013-2014

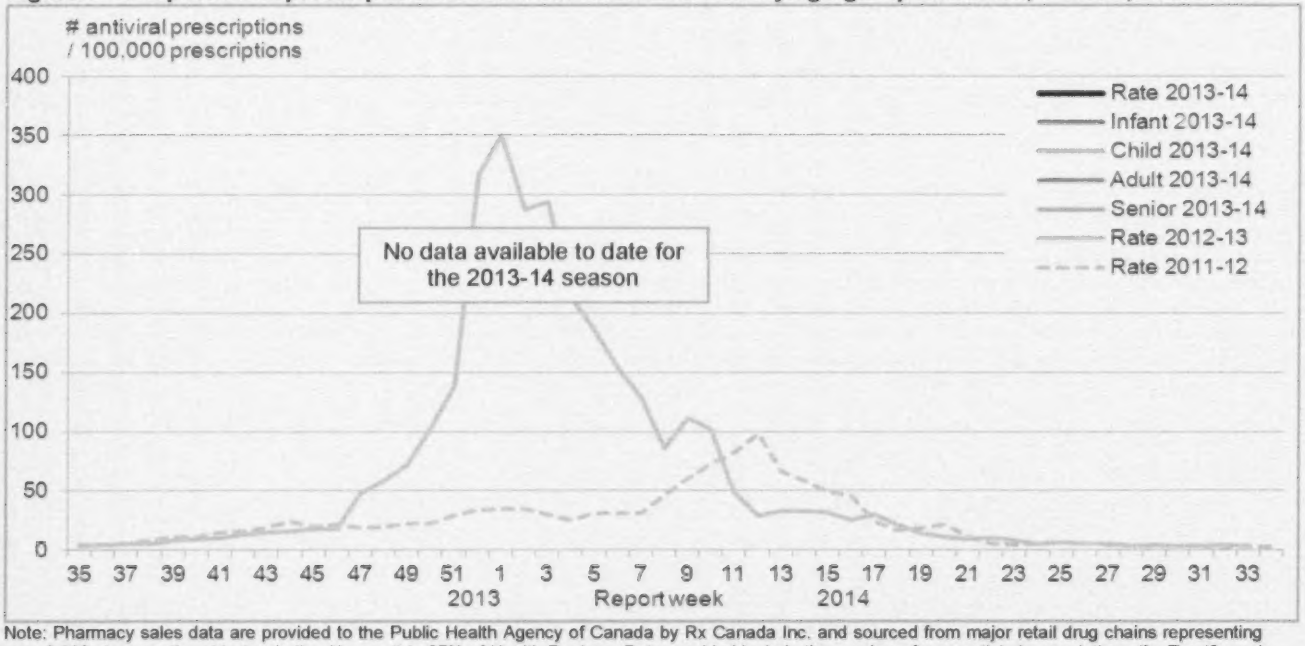


[1]All provinces and territories except NU report influenza outbreaks in long-term care facilities. All provinces and territories with the exception of NU and QC report outbreaks in hospitals. Outbreaks of influenza or influenza-like-illness in other facilities are reported to FluWatch but reporting varies between jurisdictions. Outbreak definitions are included at the end of the report.

Pharmacy Surveillance

Pharmacy surveillance for sales of influenza antivirals has not yet begun for the 2013-14 influenza season (Figure 7).

Figure 7 – Proportion of prescription sales for influenza antivirals by age-group and week, Canada, 2013-14



Note: Pharmacy sales data are provided to the Public Health Agency of Canada by Rx Canada Inc. and sourced from major retail drug chains representing over 3,000 stores nationwide (excluding Nunavut) in 85% of Health Regions. Data provided include the number of new antiviral prescriptions (for Tamiflu and Relenza) and the total number of new prescriptions dispensed by Province/Territory and age group. Age-groups: Infant: 0-2y, Child: 2-18y; Adult: 19-64y, Senior: ≥65y

Sentinel Hospital Influenza Surveillance

Paediatric Influenza Hospitalizations and Deaths (IMPACT)

In week 46, two new laboratory-confirmed influenza-associated paediatric (≤16 years of age) hospitalizations were reported by the Immunization Monitoring Program Active (IMPACT) network: one child 2-4 years of age and one 10-16 years of age, both with influenza A(H1N1)pdm09 (Figure 8a).

To date this season, a total of 10 influenza-associated paediatric hospitalizations have been reported by the IMPACT network (Table 4). One ICU admission was required in a child 2-4 years of age with influenza B. No deaths have been reported (Figure 9a).

Note: The number of hospitalizations reported through IMPACT represents a subset of all influenza-associated paediatric hospitalizations in Canada. Delays in the reporting of data may cause data to change retrospectively.

Adult Influenza Hospitalizations and Deaths (PCIRN)

Active surveillance of laboratory-confirmed influenza-associated adult (≥16 years of age) hospitalizations reported by the PHAC/CIHR Influenza Research Network (PCIRN) Serious Outcomes Surveillance (SOS) network began on November 15th 2013. Two new hospitalizations were reported in week 46, both adults 20-44 years of age with influenza A. No ICU admissions or deaths were reported in week 46 (Figure 8b).

To date this season, 11 influenza-associated hospitalizations have been reported by the PCIRN-SOS network, all with influenza A. The majority (64%) have been adults over 45 years of age (Table 5). ICU admission was required for one hospitalization and no deaths have been reported (Figure 9b).

Note: The number of hospitalizations reported through PCIRN represents a subset of all influenza-associated adult hospitalizations in Canada. Delays in the reporting of data may cause data to change retrospectively.

Table 4 – Cumulative numbers of paediatric hospitalizations with influenza reported by the IMPACT network, Canada, 2013-14

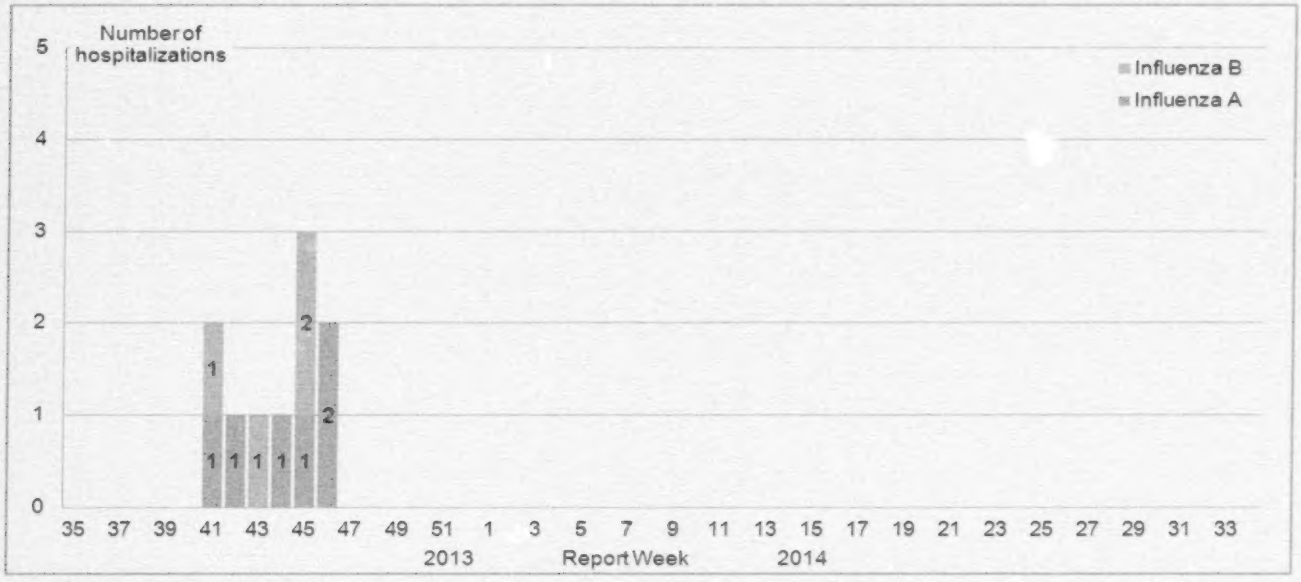
Age groups	Cumulative (Aug. 25, 2013 to Nov. 16, 2013)					
	Influenza A				B	Influenza A and B
	A Total	A(H1) pdm09	A(H3)	A (UnS)	Total	# (%)
0-5m	1	0	0	1	0	1 (10%)
6-23m	0	0	0	0	0	0
2-4y	3	2	0	1	3	6 (60%)
5-9y	1	1	0	0	1	2 (20%)
10-16y	1	1	0	0	0	1 (10%)
Total	6	4	0	2	4	10
%[1]	60.0%	66.7%	0.0%	33.3%	40.0%	100.0%

Table 5 – Cumulative numbers of adult hospitalizations with influenza reported by the PCIRN-SOS network, Canada, 2013-14

Age groups (years)	Cumulative (Aug. 25, 2013 to Nov. 16, 2013)					
	Influenza A				B	Influenza A and B
	A Total	A(H1) pdm09	A(H3)	A(UnS)	Total	# (%)
16-20	0	0	0	0	0	0
20-44	4	1	0	3	0	4 (36%)
45-64	4	0	1	3	0	4 (36%)
65+	3	0	0	3	0	3 (27%)
Total	11	1	1	9	0	11
%[1]	100%	9%	9%	82%	0%	100%

[1] Percentage of tests positive for sub-types of influenza A are a percentage of all influenza A detections.
UnS: unsubtyped: The specimen was typed as influenza A, but no result for subtyping was available.

Figure 8 – Number of cases of influenza reported by sentinel hospital networks, by week, Canada, 2013-14
A) Paediatric hospitalizations (≤16 years of age, IMPACT)



B) Adult hospitalizations (≥16 year of age, PCIRN-SOS)

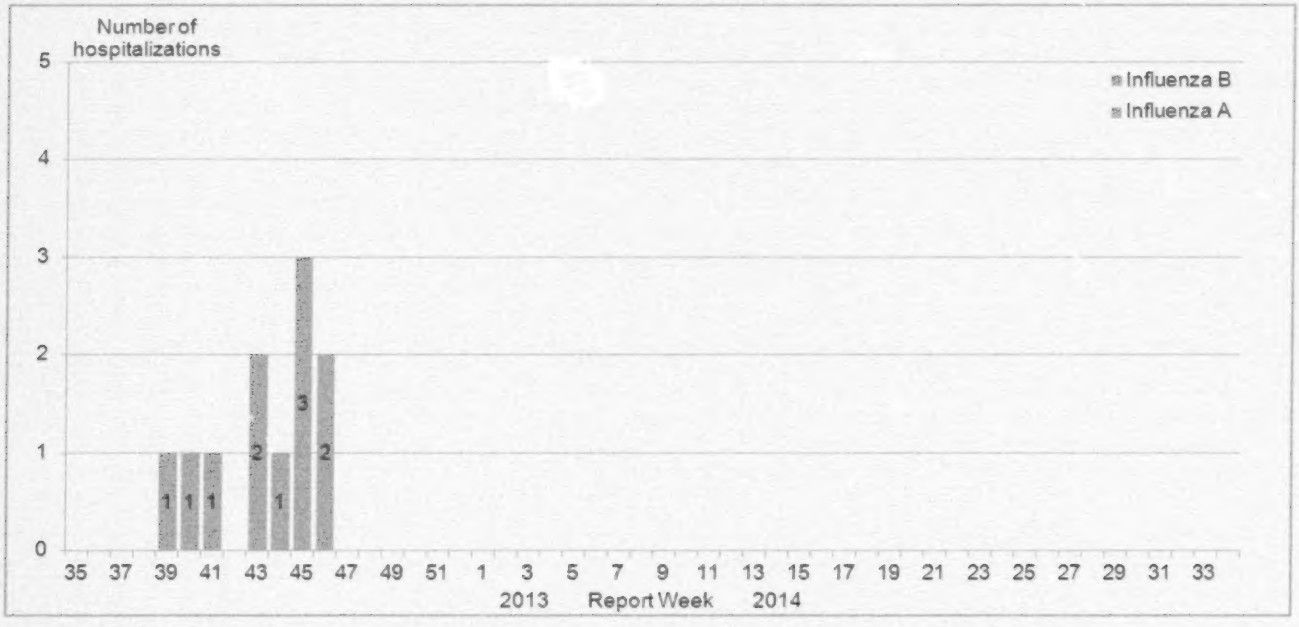
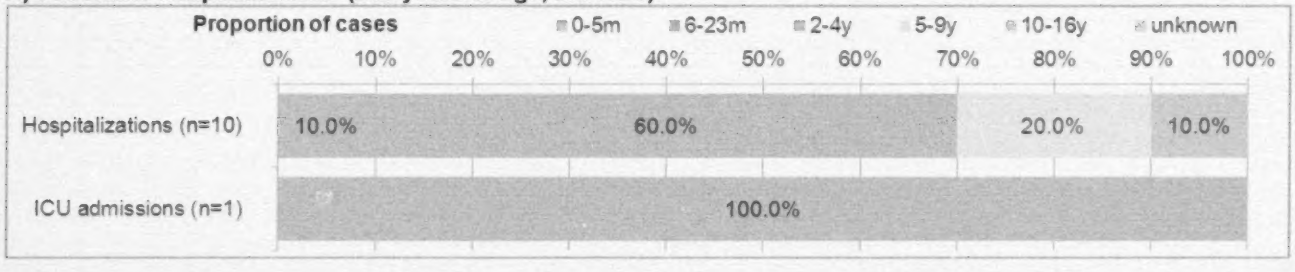
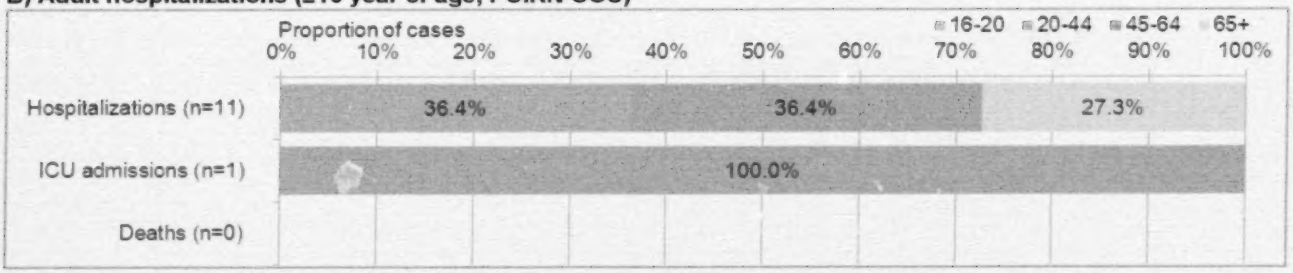


Figure 9 – Percentage of hospitalizations, ICU admissions and deaths with influenza reported by age-group, Canada, 2013-14

A) Paediatric hospitalizations (≤16 years of age, IMPACT)



B) Adult hospitalizations (≥16 year of age, PCIRN-SOS)



Provincial/Territorial Influenza Hospitalizations and Deaths

In week 46, seven new laboratory-confirmed influenza-associated hospitalizations were reported from participating provinces and territories.* The cases were as follows: one child 2-4 years, two adults 20-44 years, two adults 45-64 years and two adults ≥65 years of age. All cases had influenza A, four A(H1N1)pdm09 and three A(unsubtyped). One ICU admission was reported in a child 2-4 years of age with A(H1N1)pdm09. No deaths were reported.

To date this season, 36 influenza-associated hospitalizations have been reported, of which 30 (83%) had influenza A (Table 6). A greater proportion of cases under 20 years of age had influenza B (50%) compared to those 20 years of age or older (3.8%). Four ICU admissions have been reported this season, three in adults 45-64 years of age and one in a child 2-4 years of age, all with A(H1N1)pdm09. No deaths have been reported. It is important to note that the hospitalization or death does not have to be attributable to influenza, a positive laboratory test is sufficient for reporting. Detailed clinical information (e.g. underlying medical conditions) is not known for these cases.

* Note: Data from the Aggregate Surveillance System may also include cases reported by the IMPACT and PCIRN networks. Influenza-associated hospitalizations are not reported to PHAC by the following Provinces and Territory: BC, NU, QC, NS, and NB. Only hospitalizations that require intensive medical care are reported by Saskatchewan. ICU admissions are not reported in Ontario.

Table 6 – Cumulative number of hospitalizations with influenza reported by the participating provinces and territories, Canada, 2013-14

Age groups (years)	Cumulative (Aug. 25, 2013 to Nov. 16, 2013)					
	Influenza A				B	Influenza A and B
	A Total	A(H1) pdm09	A(H3)	A (UnS)	Total	# (%)
0-4	3	1	1	1	4	7 (19%)
5-14	0	0	0	0	1	1 (3%)
15-19	2	1	0	1	0	2 (6%)
20-44	4	1	0	3	0	4 (11%)
45-64	14	5	6	3	1	15 (42%)
65+	7	4	1	2	0	7 (19%)
Total	30	12	8	10	6	36
Percentage[1]	83.3%	40.0%	26.7%	33.3%	16.7%	100%

[1] Percentage of tests positive for sub-types of influenza A are a percentage of all influenza A detections.
UnS: unsubtyped: The specimen was typed as influenza A, but no result for subtyping was available.

Emerging Respiratory Pathogens

Human Avian Influenza

Influenza A(H7N9): No new laboratory-confirmed cases of human infection with avian influenza A(H7N9) have been reported since 6 November 2013. As of 22 November 2013, the WHO has been informed of 139 laboratory-confirmed human cases with avian influenza A(H7N9), including 45 deaths.

PHAC – Avian influenza A(H7N9)
WHO – Avian Influenza A(H7N9)

Human Swine Influenza

Influenza A(H3N2)v: No new cases of human infection with influenza A(H3N2)v were reported in week 46. To date in 2013, a total of 19 A(H3N2)v cases including one hospitalization have been reported.

Centers for Disease Control and Prevention Influenza A(H3N2) Variant Virus

Middle East Respiratory Syndrome Coronavirus (MERS-CoV)
Since the FluWatch report for week 45, the WHO has reported four additional laboratory-confirmed cases of MERS-CoV and two deaths. One case was reported from the United Arab Emirates (UAE), one from Qatar, and two from Kuwait.

The case reported from the UAE is a national of Oman. The patient is a 75-year-old male with underlying medical conditions. He was hospitalized and subsequently died.

The case from Qatar is a 61-year-old male with underlying medical conditions. He was hospitalized in critical condition. Preliminary epidemiological investigation indicates that the patient had exposure to farms with livestock.

The two cases from Kuwait are male, aged 47 and 52 years. Both cases were hospitalized and in critical condition. The older individual was reported to have underlying medical conditions.

A previously confirmed case from Oman has died (reported on 31 October, 2013 by WHO).

Globally, from September 2012 to November 22, 2013, WHO has been informed of a total of 157 laboratory-confirmed cases of infection with MERS-CoV, including 66 deaths. All cases have either occurred in the Middle East or have had direct links to a primary case infected in the Middle East.

PHAC – Middle East respiratory syndrome coronavirus (MERS-CoV)
WHO – Coronavirus infections

International Influenza Reports

Influenza activity is increasing slowly in the United States and Europe, but remained at inter-seasonal levels in weeks 45-46.

World Health Organization influenza update

World Health Organization FluNet

WHO Influenza at the human-animal interface

Centers for Disease Control and Prevention seasonal influenza report

EuroFlu weekly electronic bulletin

European Centre for Disease Prevention and Control - epidemiological data

South Africa Influenza surveillance report

New Zealand Public Health Surveillance

Australia Influenza Report

Pan-American Health Organization Influenza Situation Report

FluWatch Definitions for the 2013-2014 Season

Abbreviations: Newfoundland/Labrador (NL), Prince Edward Island (PE), New Brunswick (NB), Nova Scotia (NS), Quebec (QC), Ontario (ON), Manitoba (MB), Saskatchewan (SK), Alberta (AB), British Columbia (BC), Yukon (YT), Northwest Territories (NT), Nunavut (NU).

Influenza-like-illness (ILI): Acute onset of respiratory illness with fever and cough and with one or more of the following - sore throat, arthralgia, myalgia, or prostration which is likely due to influenza. In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent.

ILI/Influenza outbreaks

- **Schools:** Greater than 10% absenteeism (or absenteeism that is higher (e.g. >5-10%) than expected level as determined by school or public health authority) which is likely due to ILI. Note: it is recommended that ILI school outbreaks be laboratory confirmed at the beginning of influenza season as it may be the first indication of community transmission in an area.
- **Hospitals and residential institutions:** two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case. Institutional outbreaks should be reported within 24 hours of identification. Residential institutions include but not limited to long-term care facilities (LTCF) and prisons.
- **Workplace:** Greater than 10% absenteeism on any day which is most likely due to ILI.
- **Other settings:** two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case; i.e. closed communities.

Note that reporting of outbreaks of influenza/ILI from different types of facilities differs between jurisdictions.

Influenza/ILI Activity Levels

1 = No activity: no laboratory-confirmed influenza detections in the reporting week, however, sporadically occurring ILI may be reported

2 = Sporadic: sporadically occurring ILI and lab confirmed influenza detection(s) with **no outbreaks** detected within the influenza surveillance region†

3 = Localized: (1) evidence of increased ILI*;
(2) lab confirmed influenza detection(s);
(3) **outbreaks** in schools, hospitals, residential institutions and/or other types of facilities occurring in **less than 50% of the influenza surveillance region†**

4 = Widespread: (1) evidence of increased ILI*;
(2) lab confirmed influenza detection(s);
(3) **outbreaks** in schools, hospitals, residential institutions and/or other types of facilities occurring **in greater than or equal to 50% of the influenza surveillance region†**

Note: ILI data may be reported through sentinel physicians, emergency room visits or health line telephone calls.

* More than just sporadic as determined by the provincial/territorial epidemiologist.

† Influenza surveillance regions within the province or territory as defined by the provincial/territorial epidemiologist.

We would like to thank all the Fluwatch surveillance partners who are participating in this year's influenza surveillance program.

This report is available on the Public Health Agency website at the following address: http://www.phac-aspc.gc.ca/fluwatch/index.html.

Ce rapport est disponible dans les deux langues officielles.